

## **Business Deposit Account Application - Sole Proprietorship**

A Sole Proprietorship is a business owned and managed by one person (or for tax purposes, a husband and wife). Sole proprietorship is a common form of organization for a small business. This person alone receives the profits and is responsible for the obligations of the business. Setting up a sole proprietorship may be easier than other business types since no legal formation documents need to be filed with any governmental agency, although tax registration and other permit and license requirements still apply. A sole proprietor may do business with a trade name other than his or her legal name. If so, a trade name registration is required. In Georgia, trade names are registered with the Clerk of Superior Court of the county where the business is located. Trade names are also known as fictitious names, assumed names or DBAs (short for doing business as).

### **Business Membership Application Checklist**

To apply for a Business Deposit Membership for a sole proprietorship, please provide a copy of the documents in the checklist below.

- Completed Business Deposit Account Application
- Current Business License, Occupational Tax Certificate or Trade Name Registration
- Taxpayer Identification Number or the Social Security Number of the Sole Proprietor
- Driver's License for each Authorized Signer

# Business Deposit Account Application



## Business Eligibility

Business Location in Metro Atlanta

County \_\_\_\_\_

Business Owner is Current Primary Member

Primary Member Account Number \_\_\_\_\_

## Business Information

Legal Name of Business: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_ Federal Tax ID No.: \_\_\_\_\_

## Principal Business Address:

Street (No P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_ Business Website \_\_\_\_\_

Mailing Address (if different from Principal Business Address) \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

## Business Type

What type of business are you in? \_\_\_\_\_  
Describe the primary nature and function of your business

North American Industry Classification System is the standard used by Federal Statistic Agencies to classify business establishments. It appears on your Federal Tax Return or Schedule C.

\_\_\_\_\_ NAICS Code

Sole Proprietorship

Corporation

Limited Liability Company (LLC)

Partnership (General or Limited)

Is your business a non-profit, not-for-profit, or charitable organization?  YES  NO

\_\_\_\_\_ \$  
Date Business Established \_\_\_\_\_ Number of Years Under Current Ownership \_\_\_\_\_ State of Registration \_\_\_\_\_ Annual Sales (projected, if new) \_\_\_\_\_

Delta Community Credit Union reserves the right to deny membership to certain types of businesses.

### Please complete and sign the information related to your Federal Taxpayer Identification Number.

- Federal Taxpayer ID Number (TIN)** – The number shown on this form is my correct federal taxpayer identification Number.
- Backup withholding** – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- Exempt Recipients** – I am an exempt recipient under the Internal Revenue Service Regulations.
- The FATCA code(s)** entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

(If not a "U.S. Person", certify foreign status separately.)

I certify under penalties of perjury the statements checked in this section and that I am a U.S. Person (including a U.S. resident alien).

\_\_\_\_\_  
Authorized Business Signatory \_\_\_\_\_ Date \_\_\_\_\_

# Business Deposit Account Application



As a Financial Institution, we are required by Federal law to know our members. In order to do this we must perform ongoing due diligence on business accounts to obtain a reasonable understanding of the type of business and the activities our business members are involved in. You may be required to complete this or a similar questionnaire each year. All of the following questions require answers. Failure to answer all questions, in detail where required, may result in our being unable to open this account or in our restricting access to the account.

## Business Activity

Delta Community does not offer accounts for internet gambling businesses, money service businesses (MSB), which includes: (1) cryptocurrency businesses (i.e. Bitcoin), (2) currency dealer or exchanger, (3) check cashing business, (4) issuer or redeemer of traveler's checks, money orders or stored value, (5) money transmitter (i.e. MoneyGram and Western Union), or marijuana-related businesses.

Does your business engage in any of the above activity?  YES  NO (If YES, we are unable to service your business)

Do you have a privately owned ATM at any of your business locations?  YES  NO

Is the Internet a major source of revenue for your business?  YES  NO

## Monthly Cash Activity

What is the source of the cash deposits and/or purpose of cash withdrawals?

Deposits \$ \_\_\_\_\_  
 Withdrawals \$ \_\_\_\_\_

## Monthly ACH Activity

What is the source of the ACH deposits and/or purpose of ACH withdrawals?

Number of ACH Deposits \_\_\_\_\_  
 Number of ACH Withdrawals \_\_\_\_\_  
 Dollar Amount of Deposits \$ \_\_\_\_\_  
 Dollar Amount of Withdrawals \$ \_\_\_\_\_

## Monthly Wire Activity

Domestic Describe the purpose of these transfers and list any reoccurring recipients/senders.

Number of Wires Sent \_\_\_\_\_  
 Number of Wires Received \_\_\_\_\_  
 Dollar Amount Wires Sent \$ \_\_\_\_\_  
 Dollar Amount Wires Received \$ \_\_\_\_\_

Foreign Describe the purpose of these transfers, geographical location and list any reoccurring recipients/senders.

Number of Wires Sent \_\_\_\_\_  
 Number of Wires Received \_\_\_\_\_  
 Dollar Amount Wires Sent \$ \_\_\_\_\_  
 Dollar Amount Wires Received \$ \_\_\_\_\_

## Monthly Check Activity

Deposits \$ \_\_\_\_\_ Withdrawals \$ \_\_\_\_\_

# Business Deposit Account Application



## Product Selection

### Savings

- Business Savings  
(5.00 min required for membership)
- Business Money Market

### Checking

- Value Checking
- Business Checking

### Additional Services

- Reward Points for Visa Check Card
- Contributing to:
- Business  Primary Personal

Merchant Services

**Authorized Signers** At least 1 authorized signer must be a partial owner of the business

### Authorized Signer 1

Name (First, MI, Last) \_\_\_\_\_ Position with the Business \_\_\_\_\_ % Ownership \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Existing Member Account No. (if applicable) \_\_\_\_\_

Driver's License/State ID No. (copy required) \_\_\_\_\_ State of Issue \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years at Current Address \_\_\_\_\_

Previous Address if Current is under 2 years \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Accounts:  Business Savings  Value Checking  Business Checking  Money Market Account

Check Card?  Yes  No

### Authorized Signer 2

Name (First, MI, Last) \_\_\_\_\_ Position with the Business \_\_\_\_\_ % Ownership \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Existing Member Account No. (if applicable) \_\_\_\_\_

Driver's License/State ID No. (copy required) \_\_\_\_\_ State of Issue \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years at Current Address \_\_\_\_\_

Previous Address if Current is under 2 years \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Accounts:  Business Savings  Value Checking  Business Checking  Money Market Account

Check Card?  Yes  No

# Business Deposit Account Application



## Authorized Signer 3

Name (First, MI, Last)		Position with the Business		% Ownership	
Social Security Number		Date of Birth (MM/DD/YYYY)		Existing Member Account No. (if applicable)	
Driver's License/State ID No. (copy required)		State of Issue	Issue Date	Expiration Date	
Street Address					
City		State	Zip	Years at Current Address	
Previous Address if Current is under 2 years					
Home Phone		Work Phone	Mobile Phone	Email	
Accounts: <input type="checkbox"/> Business Savings <input type="checkbox"/> Value Checking <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market Account					
Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Authorized Signer 4

Name (First, MI, Last)		Position with the Business		% Ownership	
Social Security Number		Date of Birth (MM/DD/YYYY)		Existing Member Account No. (if applicable)	
Driver's License/State ID No. (copy required)		State of Issue	Issue Date	Expiration Date	
Street Address					
City		State	Zip	Years at Current Address	
Previous Address if Current is under 2 years					
Home Phone		Work Phone	Mobile Phone	Email	
Accounts: <input type="checkbox"/> Business Savings <input type="checkbox"/> Value Checking <input type="checkbox"/> Business Checking <input type="checkbox"/> Money Market Account					
Check Card? <input type="checkbox"/> Yes <input type="checkbox"/> No					

# Business Deposit Account Application



## Important Account Opening Information

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

The undersigned authorizes the Credit Union to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals to determine eligibility for a business deposit product. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s). The undersigned personally and as, or on behalf of, the account owner(s) agree to the by-laws of the Credit Union, including any requirement to pay a membership or entrance fee, and agree to the terms of, and will receive copy(ies) of, this document and the following:

- Business Membership & Account Agreement
- Privacy & Opt Out Notification
- Electronic Fund Transfers: Your Rights & Responsibilities
- Business Deposit Account Terms & Conditions
- Limits & Fees Disclosure
- Funds Availability Disclosure
- Business Services Wire Transfer Service Agreement & Disclosure
- Online Account Protection Notification

## Authorized Signer's Signatures

X \_\_\_\_\_  
Signer 1

X \_\_\_\_\_  
Signer 3

X \_\_\_\_\_  
Signer 2

X \_\_\_\_\_  
Signer 4

For internal use only: Branch ID: \_\_\_\_\_

Teller #: \_\_\_\_\_